DOCUMENT RESUME

ED 090 611 CS 500 683

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TITLE Voice Problems of the Male to Female Transsexual Client.
PUB DATE Mar 74
NOTE 12p.; Paper given at the Annual Meeting of the Eastern Communication Association (Washington, D.C., March, 1974)

EDRS PRICE MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS Articulation (Speech); *Diction; Females; Higher Education; Self Concept; *Speech Instruction; *Speech Skills; *Speech Therapy; Vocabulary
IDENTIFIERS *Transsexuals

ABSTRACT

The transsexual has numerous problems in the area of voice and diction. Some are subjective, such as quality, while others are objective and measurable, such as intensity, but all lend themselves to speech therapy. The speech clinician can help with problems involving pitch, quality, resonance articulation, vocabulary, and inflection. The absence of a feminine self-image among recent female transsexuals compounds the voice and diction difficulties. Speech therapists are not psycho-therapists and must realize, as most of them do, that help in the area of self-image is not in their province. But a solution to voice and diction problems can lead to a more favorable self-image among transsexuals adapting to a new role. (RB)

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# VOICE PROBLEMS OF THE MALE TO FEMALE TRANSSEXUAL CLIENT

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CS 500 683

April 14

"Another experience happened to me on Friday night the day after I got out of the hospital. I believe I broke the barrier of fear. I was awful lonely so I just decided to go to New port and see the kids. Now I'm sorry I did. I'll explain later. Anyway Ella fixed my hair up real nice and I dressed all up, jewelry, makeup, etc. I wore a yellow turtle neck sweater, and black pants, and boots. Most everyone called me Miss. I got on the train, took my coat off and just set there.

"Later on I was awful hungry cause I didn't eat all day. So I got up, without my coat, and went up to the dining car. I never expected it to be so full, but I went in anyway and set down and ordered. I know I made some mistakes, but I'll learn. For one thing I didn't know what to do with my handbag. There may have been some men laughing at me, but I did the best I could. It took a lot of nerve for me to do this, but I'm sure I accomplished one thing and I'm satisfied. I know, that Malcolm Dodge died on that train. From now on...it's Marion Dodge."

April 15

"I'm getting ready now to leave early Sunday morning. Now that I'm sure I broke the barrier of being scared, I'm going to wear the same yellow turtle neck sweater, but this time a skirt with high boots. The skirt is black and comes below my knees. It's really beautiful. I'll have jewelry and makeup on also. The only trouble is I can't fix my hair too good, and also my voice.

"This coming Wednesday I start to voice school, so eventually that will be taken care of."

This excerpt from a diary was written by Marion Dodge, formerly Malcolm Dodge (not the real name). It will give the reader some idea of a few of the main questions worrying the Transsexual: how will my

family react, will I be able to play this new role, how do women act, walk, dress, how do I, a new woman, appear to the world, how do I look, how do I sound? And how do I change my appearance and my sound, how do I change my image so that I can seem more feminine?

Drawing on our experience, albeit limited, with Transsexual cases, here is a composite picture that might describe more vividly the person who wrote the diary passage above.

The author is a Transsexual, an individual who was born and raised as a male, functioned in the male role, professionally and socially, and who now, by means of a series of operations on his sex organs, is a woman. All his life Malcolm had behaved as a male, playing boys' games, wearing boys' clothes, dating girls, pursuing a man's career. But all his life he felt that he really was a female. He was not a homosexual and did not have the desire to have a love affair with another man--as a man. He wanted to be a woman. Whenever he could, he would dress as a woman and try to appear to the public as a woman, to play a female. He did not go to gay bars and seek the type of company that might be found in those places but, when he traveled alone, when he went to places where he was not known, he would dress as a woman and pretend that he was a woman.

He knew that he could not continue operating in this clandestine manner and finally he decided to undergo the transsexual operation. (According to Zelda Suplee of the Erickson Educational Foundation of New York, there are at least ten thousand potential or actual Transsexuals in this country). After a series of interviews with endocrinologists and psychiatrists, he began a series of hormone injections, electrolysis and surgery to alter and eliminate his male sex characteristics and replace them with female sex characteristics.

When Malcolm was well into the process of change he became more and more conscious

and more conscious of his masculine voice. In the past he had been so involved in other aspects that he had not paid much attention to his voice and the way he spoke. But now his old masculine voice seemed at odds with his new self. It was suggested that he see a Speech therapist.

When Malcolm first came to us we were very conscious of our limited experience in this area and, indeed, conscious that the entire area was a very new one. We embarked on our endeavors with a feeling that we were pioneers, aware that there was very little research in the field upon which to rely. We were both therapists with years of experience but, none the less, we recognized the limits of our exposure to this kind of case. The field is still a new one; we offer our experiences not as definitive but as a starting point for study in a valuable area of concern.

We were very careful before initiating any voice therapy to ascertain that Malcolm, or Marion as we knew her, was ready for vocal change. We spoke to the endocrinologist and to the psychiatrist who gave us their blessing and assured us that Marion was indeed ready for change in a new area.

As far as the Transsexual's problems in the area of appearance are concerned, the present style dictators have decreed unisex clothes; thus the problem of becoming accustomed to womens' apparel is somewhat minimized. A combination of electrolysis, cosmetics, hormone therapy, plastic surgery and hair styling can make the face more feminine. In these areas, perhaps, the Transsexual can be her own teacher and critic. And even if she cannot, there are newspaper ads to copy and there are easily available commercial interests who are willing and able to provide a feminine appearance. This is not so in the realm of her speech and voice problems.

We all know how difficult it is for one to be his own voice coach; indeed, how difficult it is for the untrained person to perceive his voice

as it is received by an auditor. Some speech-sensitive people may wonder if they are speaking too loudly, if their resonance is pleasing, if their articulation is correct. But one area of doubt very rarely occurs to even the most speech-minded woman. And that is, "Do I sound like a woman--or a man?"

The Transsexual has many problems in the area of voice and diction; some are subjective, such as quality; some others are objective and measurable, such as intensity; all lend themselves to speech therapy. The particular aspects with which the speech clinician is concerned are: pitch, quality, resonance, articulation, vocabulary and inflection.

Compounding these voice and diction difficulties are two related problems, namely the use of facial movements and gestures associated with men and, the great psychological stumbling block, the absence of a female self-image.

Speech therapists are not psycho-therapists and must realize, as most of them do, that help in the area of self-image is not in their province. But, indirectly, hopefully, a more acceptable and favorable self-image will develop as voice, diction, facial movement and gesture problems are solved.

When beginning therapy with a Transsexual, as in all other types of cases, the initial evaluation is of extreme importance. There is no standardized evaluation due to the small number of Transsexuals we have treated and because we believe in dynamic assessment. Some techniques that have been used are spontaneous conversation, reading of plays which is good for appraisal of the Transsexual's ability to assume different voice patterns, singing, imitation of the examiner's speech patterns concentrating on inflection in particular, testing of the auditory discrimination ability using Wepman's Auditory Discrimination Test and examination of breathing patterns. Sometimes it is necessary to administer a phonetic inventory. One pre-requisite to consideration of "voice

feminization" is a letter from a psychologist or psychiatrist attesting to the Transsexual's emotional stability and ability to withstand the stresses involved in the change.

Most Transsexuals find their habitual pitch unacceptable in their new roles as women. Habitual pitch might have been suitable when they were in the male role, but the Transsexual often feels that the voice is too low in key, is in too great a contrast to the female picture she is trying to present. Habitual quality, also, is rejected because of an idea that women have voices that are less gruff and throaty than men do. In many cases the resonance of the Transsexual's voice is quite mellow and rich in chest tones. The Transsexual will be desirous of change in this area also.

Perhaps a small number of male to female Transsexuals will be encountered who have feminine voices to begin with, either because their voices have inherent feminine characteristics to start with or because they have a good native ability to imitate female voices. But in some cases, one of the goals of voice therapy will be to raise the pitch above habitual tone. We must train the Transsexual so that the most satisfying voice is produced. But we are dealing with the vocal bands of a male and it may not be possible to raise pitch without causing unacceptable tension. Extreme caution must be exercised in this area. Since we are dealing with the vocal bands of a male, the voice of the Transsexual is generally lower than is the voice of the average female. In some cases the male before the operation might have spoken at an artificially low pitch in an attempt to appear more manly and to belie what he was feeling. According to a well-known endocrinologist in New York, Dr. Charles Ihlenfeld, "An estimated 50% of male to female Transsexuals need to feminize their voices."[1] This does not mean that all male to female Transsexuals want to change their voices. Some of them may prefer to continue to use the masculine voice pattern, perhaps to

publicize the problems of the Transsexual, i. e., Paula Grossman. But, again according to Dr. Ihlenfeld, "Most Transsexuals are eager to hide their masculine pasts and, therefore, would like to feminize their voices as much as possible."

It is important for the Transsexual to realize that not all females have voices that are higher-pitched than males. It is helpful to make a recording with very low female voices on one end of the continuum and very high female voices on the other end; the Transsexuals voice is matched with one of the voices on the recording. In some cases, it is realized that the voice is closer to the middle than to the deep end; a great deal of vocal confidence is gained thereby. In those cases in which the voice does not fall squarely into the middle range, the Transsexual may gain some assurance from the realization that womens' voices cover a great range of pitches. A realization might be made that one's estimate of female pitches was falsely skewed to one side. It is reassuring to the Transsexual when she is reminded that Lauren Bacall, Tallulah Bankhead, Marlene Dietrich and many other well-known actresses have had low-pitched voices.

We are all aware that there are many misconceptions about voices. Morton Cooper calls these presumptions "vocal myths" and says that they include "beliefs which create vocal stereotypes and vocal images."[2] The Transsexual must be disabused of the notion that women have voices only in one part of the vocal range.

The aspect of quality is very subjective. A voice that is throaty to one listener might be sexy to another. What one person considers strident, another auditor calls commanding. It is part of the individuality of a voice and what is important for the Transsexual to remember is that voice quality is sexless. That is, both male and female voices can be described as hoarse or breathy or nasal, etc. Tension causes a great many quality problems; as the Transsexual gains confidence

and learns to relax, the vocal quality will improve. We have noticed that the Transsexual will speak at a very low intensity in an attempt to appear more feminine or to mask undesirable masculine vocal qualities. We try to strengthen the intensity of the voice without adding unwanted overtones, stridency and tension.

An aspect of voice which may be heard in upward and downward changes in pitch is inflection or intonation. Everyone uses inflection; the degree depends upon the material spoken, the occasion, the strength of the feeling and the sex of the speaker. It is our hypothesis (partially confirmed by pilot studies of some of the speech majors at the Brooklyn Center of Long Island University) that females do manifest a greater usage of inflection than do males. Based on these initial findings, we have encouraged our Transsexual clients to listen to female voices in order to become aware of differences in inflection. We use vocal variety exercises, play readings, and generally attempt to free the voice from the confines of monotony. When no pathologies are present, the individual should be capable of imitating what she hears. We have discovered that once the Transsexual is tuned into pitch variation, she demonstrates more rises and falls in her natural flow of language. In many instances, we find that we bring to the conscious level more some unconscious imitations the Transsexuals might have made of their mothers or other female speech models.

Resonance, the richness of a voice, is the product of the size and shape of the pharynx, mouth and sinus cavities. Naturally we cannot change these structures but we can help the Transsexual to change the size of the opening of the mouth, to reorder the placement of the tongue in the mouth, and to relax or tighten the walls of the throat. Some men, in an attempt to effect deeper voices, resonate from the pharyngeal area; so it is with the Transsexual before the operation. Therefore, we find that there is an almost automatic change in resonance (and also

pitch) when we teach the Transsexual to reorient the focus of resonance from the back of the pharyngeal area to the front of the mouth--the lips, the tongue, etc. Through proper breathing and relaxation exercises the speaker can gain a new measure of control over vocal resonance and pitch.

Tension in the muscular walls of the vocal resonators effects resonance characteristics. Since soft-walled cavities accentuate low frequencies and hard walls accentuate the high overtones, it is better to stress use of oral resonance with the harder walls than it is to use the pharyngeal resonators.

Another subjective aspect is word usage. In 1959 Otto Jesperson in Language: Its Nature, Development and Origin printed in Great Britain was able to report that women show an "instinctive shrinking from coarse and gross expressions and prefer refined and (in certain spheres) veiled and indirect expressions."[3] With the advent of mass communication, g greater education and employment opportunities for women and the Women's Lib movement, Jesperson's observations seem outdated and quaint. Do they really describe the woman of the '70's? Does a marked difference exist at this time between male and female word usage? Some would say, "No." However, in a formal attempt to affect a female image, it might be helpful to avoid obscenity and strong language and to use an abundance of adjectives and euphemistic substitutes. This is a rich area for further study. It might be fruitful to discover whether there are words that the Transsexual considers particularly feminine, such a divine, heavenly, delightful, refreshing. If there are such words, use of them might help the Transsexual to think of herself in a new way as she hears herself saying "womanly" words. Along this line, favorite masculine expressions may have to be dropped.

The Transsexual's new occupation will also play a part in influencing her language usage. In some instances a Transsexual who was, for example,

a truck driver, may find that the vocabulary and speech habits that were appropriate to a person in that occupation are no longer suitable in a newly acquired, more female-oriented job such as a secretary or a clerk in a story. It may be true that in the atmosphere of greater liberality that exists today in terms of language usage, a woman can and does use words that once were the exclusive province of men. However, in the minds of many people even today, a woman still is expected to exhibit a greater refinement in her vocabulary than is a man.

Occasionally a Transsexual appears for voice feminization therapy with slovenly articulation such as /d-ð/ substitution, omission of final consonants, /ɪn/ for /ɪŋ/, omission of second or last consonant in a consonant cluster. She will be motivated to work on this speech defect when it is pointed out that one has the expectation that women speak more precisely and more clearly than men do. If the therapist is a female with the good articulation patterns that one expects from a speech clinician, the Transsexual can be inspired by the speech model before her. With a combination of speech and voice therapy focusing on the parameters of pitch, inflection, resonating pattern, word usage and diction, and the motivation that the Transsexual displays, a more feminine voice can be achieved.

It has been our consistent finding that Transsexuals demonstrate extreme difficulty in effecting a voice change if there is confusion in sex roles. We spoke to Dr. Ihlenfeld about this; he confirmed our feeling when he said, "Alternating roles can get very confusing and since I feel that these roles are learned roles, they must become habitual. They have to become second nature." The Transsexual must try to live only as a woman. This is most difficult because jobs that are open to unskilled women do not pay very much and so the Transsexual tries to keep the old "male job" and lives as a woman only after hours. If the Transsexual uses the old masculine voice on the job, it is extremely difficult to switch gears suddenly and use a feminine voice in new

situations; of course, the new voice will never become habituated. Alternation and confusion of this nature make it extremely difficult for the new woman to make the satisfactory adjustment everyone hopes will be possible for her.

FOOTNOTES

1. Dr. Charles Ihlenfeld, 45 East 74 Street, New York, New York. Personal communication.

2. Cooper, Morton, Modern Techniques of Vocal Rehabilitation. Illinois: C. C. Thomas, 1973, p. 129.

3. Jespersen, Otto, Language: Its Nature, Development and Origin. London: Ruskin House, 1959, p. 246.